

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Medical Response Inc Political Action Committee

ADDRESS (number and street) ▼

6200 S Syracuse Way, Suite 200

☐ Check if different than previously reported. (ACC)

Greenwood Village

CO

80111

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00389585

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr John Ranieri

Signature of Treasurer

Mr John Ranieri

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2015

To:

M M	/	D D	/	Y Y Y Y Y Y
10		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2015</td></tr></table>	Y	Y	Y	Y	Y	Y	2015							<table><tr><td colspan="6">76142.42</td></tr></table>	76142.42					
Y	Y	Y	Y	Y	Y															
2015																				
76142.42																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">67060.52</td></tr></table>	67060.52																		
67060.52																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">1560.73</td></tr></table>	1560.73						<table><tr><td colspan="6">12015.08</td></tr></table>	12015.08											
1560.73																				
12015.08																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">68621.25</td></tr></table>	68621.25						<table><tr><td colspan="6">88157.50</td></tr></table>	88157.50											
68621.25																				
88157.50																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">2500.00</td></tr></table>	2500.00						<table><tr><td colspan="6">22036.25</td></tr></table>	22036.25											
2500.00																				
22036.25																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">66121.25</td></tr></table>	66121.25						<table><tr><td colspan="6">66121.25</td></tr></table>	66121.25											
66121.25																				
66121.25																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	1519.18	8830.45
(ii) Unitemized	41.55	3184.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	1560.73	12015.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1560.73	12015.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1560.73	12015.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1560.73	12015.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	22000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	36.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	22036.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	22036.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1560.73	12015.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1560.73	12015.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Verkest

Mailing Address 16574 SW Sidney Lane

City
SherwoodState
ORZip Code
97140-7920FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response Northwest, I

Occupation

Supervisor Ops (Portland)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1364395439309

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ronald F. Dire-Day

Mailing Address 8004 Kenton Lane S.E.

City
OlympiaState
WAZip Code
98501-6884FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response Ambulance Se

Occupation

Dispatcher II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1364405039309

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Steve E. Scruggs

Mailing Address P.O. Box 434

City
MurphyState
ORZip Code
97533-0434FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response Northwest, I

Occupation

Paramedic Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1364405239309

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valerie A. Gaither

Mailing Address 83 Muirfield Dr.

City

Bluffton

State

SC

Zip Code

29909-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician's & Surgeon's Ambulance Serv

Occupation

VP Procurement

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1364852339309

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City

North Haven

State

CT

Zip Code

06473-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response of Connectic

Occupation

VP Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1364986339309

Amount of Each Receipt this Period

100.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

C. John Eagle

Mailing Address 267 Jennings Way

City

Mickleton

State

NJ

Zip Code

08056-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response Mid-Atlantic

Occupation

Account Executive Senior

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1365042539309

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

168.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Delahousey

Mailing Address 2580 Rue Palafox

City

Biloxi

State

MS

Zip Code

39531-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mobile Medic Ambulance Service, Inc

Occupation

VP Emergency Preparedness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	5		

Transaction ID : PR1365131539309

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Debora Gault

Mailing Address 5502 Northwest Highway

City

Waterford

State

WI

Zip Code

53185-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

VP Reimbursement (Federal)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	5		

Transaction ID : PR1365144239309

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ronald W. Thackery

Mailing Address 9922 S. Silver Maple Rd.

City

Highlands Ranch

State

CO

Zip Code

80129-5460

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response, Inc

Occupation

SVP Professional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	5		

Transaction ID : PR1365144639309

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

346.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven G. Murphy

Mailing Address 4300 Bayview Drive

City

Fort Lauderdale

State

FL

Zip Code

33308-5327

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

SVP Government and National Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1365147939309

Amount of Each Receipt this Period

288.45

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Randall L. Strozyk

Mailing Address 9209 181st Ave E

City

Bonney Lake

State

WA

Zip Code

98391-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response Ambulance Se

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1365275539309

Amount of Each Receipt this Period

173.07

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Scott S. Bourn

Mailing Address 10617 Stone Creek Ct.

City

Parker

State

CO

Zip Code

80134-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response, Inc

Occupation

VP Clinical Serv and Quality Imprvmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1365585339309

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward B Van Horne

Mailing Address 108 John McCain Road

City

Colleyville

State

TX

Zip Code

76034-6820

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response Ambulance Se

Occupation

CEO and President - AMR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1365962839309

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Tamara L. Billings

Mailing Address PO Box 750091

City

Topeka

State

KS

Zip Code

66675-0091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medevac Medical Response, Inc.

Occupation

Project Manager Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1542687539309

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. George White

Mailing Address 10499 Cheetah Winds

City

Littleton

State

CO

Zip Code

80124-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMS MGMT LLC

Occupation

Director Business Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR2209934039309

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

164.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Matthew McCormick

Mailing Address 326 Demun

City
Clayton

State
MO

Zip Code
63105-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Access2Care, LLC

Occupation

VP Commercial Managed Transportation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2243823839309

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Thomas R. Wagner

Mailing Address 303 Peppertree Rd.

City

Walnut Creek

State

CA

Zip Code

94598-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Medical Response West

Occupation

CEO - AMR Regional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2388846839309

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.38

1519.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38717477

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

2500.00